

THE LAW OFFICES OF GEORGE A. MARTINEZ
CLIENT INITIAL INTERVIEW INFORMATION SHEET

Welcome to the Law Offices of George A. Martinez. The following information is needed by our office to begin assisting you with your matter. We need as much information as you can provide. Should you decide to retain this office, we also ask that you keep our office informed should any of the below information need to be corrected or changed.

Some questions may appear irrelevant to your situation; however, please indicate a response to each question, if known by you.

ABACUS

FOR OFFICE USE ONLY:

START TIME: _____ END TIME: _____ TOTAL TIME: _____
REFERRED BY: _____ COUNTY/JUR: _____ RET. FEE: _____
INTERVIEW DATE: _____ RETAINED DATE: _____
MATTER TYPE: _____ MATTER CODE: _____
CLIENT ID NO: 01-_____ COURT CASE NO: _____

YOUR FULL NAME (LAST/FIRST/MIDDLE): _____ AGE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ D.O.B.: _____

DRIVERS LICENSE NO: _____ STATE: _____ EXPIRATION DATE: _____

HOME ADDRESS: _____

DO YOU OWN YOUR HOME? YES _____ OR NO _____

DO YOU OWN ANY REAL PROPERTY: YES _____ OR NO _____ LOCATION: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

HOME PHONE: (_____) _____ - _____ CELL PHONE: (_____) _____ - _____

E-MAIL ADDRESS: _____

OCCUPATION/JOB TITLE: _____ EST. GR. MONTHLY INCOME: \$ _____

EMPLOYER/BUS. NAME: _____

WORK ADDRESS: _____

WORK PHONE: (_____) _____ - _____ WORK HOURS: _____

DATE OF THIS MARRIAGE: _____

BELIEVED DATE OF SEPARATION: _____ TOTAL LENGTH OF MARRIAGE: _____ yrs _____ mo

DATE OF FINAL JUDGMENT: _____

DATE OF LAST COURT ORDER: _____

DATE OF LAST ORDER TO SHOW CAUSE HEARING: _____

DATE AND LOCATION (COUNTY IN WHICH HEARING HEARD) OF LAST COURT EVENT:

HAVE YOU RESIDED WITHIN THE STATE OF CALIFORNIA FOR THE LAST SIX (6) MONTHS?

YES _____ OR NO _____

WHAT COUNTY DO YOU PRESENTLY RESIDE IN? _____

HAVE YOU RESIDED WITHIN SAID COUNTY FOR AT LEAST THREE (3) MONTHS?

YES _____ OR NO _____

OPPOSING PARTY'S NAME (LAST/FIRST/MIDDLE): _____ AGE: _____

OPPOSING PARTY'S SOCIAL SECURITY NUMBER: _____ - _____ - _____ D.O.B.: _____

OPPOSING PARTY'S HOME ADDRESS: _____

OPPOSING PARTY'S HOME NUMBER: () _____ - _____

OPPOSING PARTY'S OCCUPATION/JOB TITLE: _____

OPPOSING PARTY EST. GROSS MONTHLY INCOME: \$ _____

OPPOSING PARTY'S EMPLOYER/BUS. NAME: _____

OPPOSING PARTY'S WORK ADDRESS: _____

OPPOSING PARTY'S WORK PHONE NUMBER: () _____ - _____ WORKING HOURS: _____

MINOR CHILDREN: NAMES	BIRTH DATE	AGES	M OR F

IF THERE ARE MINOR CHILDREN INVOLVED IN THIS MATTER, AT WHAT ADDRESS DO THEY RESIDE:

WITH WHOM DO THE CHILDREN PRESENTLY RESIDE? _____

DOES ANY OF THE IMMEDIATE FAMILY MEMBERS HAVE ANY HEALTH PROBLEMS? YES ___ NO ___

IF YES, PLEASE EXPLAIN:

STATE BRIEFLY (IN YOUR OWN WORDS) WHY ARE YOU PRESENTLY SEEKING THE ASSISTANCE OF THIS FIRM:

OPPOSING ATTORNEY: _____

ADDRESS: _____ PHONE NO: () _____ - _____

_____ FAX NO: () _____ - _____

Contact Staff Person for Opposing Attorney: _____

FOR OFFICE USE ONLY (NOTES TO STAFF):

